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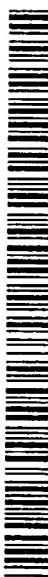
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**WO 02/17904 A1**

(54) Title: USE OF ASIATIC ACID OR ASIATICOSIDE FOR TREATMENT OF CANCER

(57) Abstract: Products containing asiatic acid or asiaticoside, and uses thereof, for the treatment of cancer and other proliferative diseases are provided.

## USE OF ASIATIC ACID OR ASIATICOSIDE FOR TREATMENT OF CANCER

**Field of the Invention**

The invention relates to the use of asiatic acid and precursor compounds for the treatment of diseases involving cell proliferation, and in particular cancer. The invention also relates to pharmaceutical compositions useful in such methods.

**Background of the Invention**

Asiatic acid is a component of the medicinal plant *Centella asiatica*, commonly known as Gotu Kola or Indian pennywort. *Centella asiatica* is a creeping plant indigenous to the tropical and swampy regions of, among others, central Asia, Madagascar and South Africa. Traditionally the roots and leaves of *Centella asiatica* have been used medicinally to treat various skin conditions ranging from slow healing wounds and lesions, to leprosy. Additional traditional uses of *Centella asiatica* include heart disease, high blood pressure, rheumatism, fevers, nervous disorders, bronchitis, asthma and syphilis. (Duke, J.A. CRC Handbook of medicinal herbs. Boca Raton, FL: CRC Press, 1985, 110-111).

The active compounds of *Centella asiatica* were first isolated in the early 1940's. (J.E. Bontems, Bull. Sci. Pharmacol., (1941) 49, 186-96). The active ingredients of *Centella asiatica* were determined to be triterpenoids (also called saponins) the constituents of which include: asiaticoside, madecassoside, madasiatic acid and asiatic acid. Topical application of extracts purified from *Centella asiatica* have been shown to aid in wound healing, burns, chronic venous insufficiency and the treatment and prevention of enlarged scar tissue (keloids). (Kartnig T., *In Herbs, Spices, and Medicinal Plants: Recent Advances in Botany, Horticulture, and Pharmacology*, vol. 3., ed LE Craker, JE Simon. Phoenix, AZ: Oryx Press, 1986, 145-75; Mahajani SS, et al., *Can J Physiol Pharmacol* 1994;72 (suppl 1):180; Pointel JP, et al., *Angiology* 1986; 37(5) :420-21. Bosse JP, et al., *Ann Plastic Surg* 1979; 3:13-21). Isolated extracts may promote wound healing through the activation of malpighian cells and the induction of keratinization. (May, A. *Eur. J. Pharmacol.*, (1968) 4(3), 331-9).

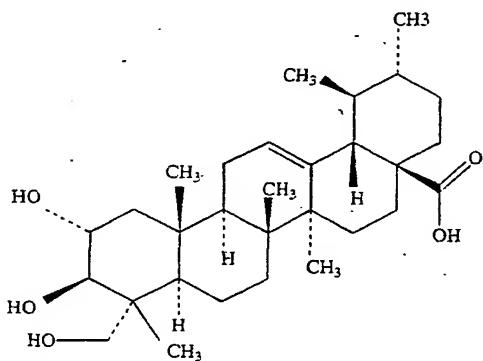
Presently, extracts from *Centella asiatica* are commonly used as the active ingredients of many cosmetic preparations in the skin care industry. Asiatic acid and/or asiaticoside are used as the active ingredients in dermatological compositions for the treatment of hair and

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skin. The asiatic and madecassic acids are additionally known to cause collagen production, which endows the compounds with wound healing and anti-cellulite properties. Additionally asiaticoside has been used clinically in the treatment of systemic scleroderma. (Sasaki, S., et al. *Acta Diabetol La* (1972) 52:141-50). Medecassol, a titrated extract of *Centella asiatica*, is 5 a commercially available oral therapeutic for the treatment of keloids, the proliferation of connective tissue, and hypertrophic scars.

Asiatic acid is reported to be the active ingredient of Medecassol. (Rush WR, et al., *Eur J Drug Metab Pharmacokinet.*, (1993) 18 (4) :323-6). Asiatic acid derivatives have been further shown to independently function as wound healing agents and protective agents 10 against beta-amyloid induced neurotoxicity. (U.S. patent 5,834,437; Mook-Jung, I., et al., *J Neurosci. Res.*, (1999) 58 (3) :417-25).

Asiatic acid has the following chemical structure:



Asiaticoside is a glycoside precursor of asiatic acid. Asiaticoside is converted *in vivo* 15 to asiatic acid by hydrolytic cleavage of the sugar moiety, presumably by the action of glycosidases. (Rush WR, et al., *Eur J Drug Metab Pharmacokinet.*, (1993) 18(4): 323-6. The therapeutic effects of asiaticoside are postulated to be mediated through conversion to asiatic acid, as the sugar moiety does not appear to be required for at least certain biological activities. (Bonte, F., et al, *Planta Med.*, (1994) 60(2):133-5.

20 U.S. patent 6,071,898 discloses asiatic acid analogs and their use for the treatment of diseases including cancer. The 6,071,898 patent does not disclose the use of asiatic acid or natural precursors such as asiaticoside. The asiatic acid derivatives disclosed in U.S. patent 6,071,898 exhibit severe structural modifications to the asiatic acid compound. The synthesized derivatives have a modified A-ring where the hexameric ring found in asiatic acid 25 is modified to a pentameric configuration. The asiatic acid derivatives are further modified by

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the addition of two bulky hydrocarbon groups attached to the A-ring. The modifications are not minor and result in a chemical compound that is appreciably altered from asiatic acid.

Partially purified fractions of *Centella asiatica* have been shown to exhibit anti-tumour effects both in vitro, using transformed cell lines, and in vivo using model systems. However, although experimental data suggests that the effect is mediated via an alteration in DNA synthesis, the active compound was not identified by the investigators. (Babu, T.D., et al., *J. Ethnopharmacol.* (1995) 48(1): 53-7).

Many compounds are used for the treatment of cancer and other diseases involving cellular proliferation. Many proliferative diseases, including cancer, remain difficult to treat due to the side effects of presently available treatments, the lack of effective treatments, etc. Accordingly, new compositions for treating proliferative diseases, particularly the many types of cancer, are needed.

### Summary of the Invention

The invention is based on the discovery that asiatic acid is cytotoxic to cancer cells and induces apoptosis in these cells. It was unexpected that asiatic acid would be cytotoxic in view of its prior use in topical formulations for many cosmetic preparations in the skin care industry, wound healing, anti-cellulite treatments, systemic scleroderma, the treatment of keloids, and hypertrophic scars.

According to one aspect of the invention, there is provided a composition for use in the treatment of cancer. The use includes administering to a subject in need of such treatment an amount of a composition including an isolated molecule selected from the group consisting of asiatic acid and asiaticoside. The amount of the composition is effective to treat the cancer. In certain embodiments, the isolated molecule is asiatic acid. In other embodiments, the isolated molecule is asiaticoside. In preferred embodiments, the treatment inhibits further growth of cancer or results in regression of cancer. Preferably the cancer is a cancer of epithelial cell origin. In certain preferred embodiments, the subject is otherwise free of symptoms treatable by asiatic acid or asiaticoside. In other preferred embodiments, the use further include administering to the subject an anticancer compound other than asiatic acid or asiaticoside.

According to another aspect of the invention, there is provided a composition for use in inhibiting cell proliferation. The use includes contacting a cell with an amount of a

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composition comprising an isolated asiatic acid molecule or asiaticoside molecule, in an amount effective to inhibit the proliferation of the cell. In certain embodiments, the isolated molecule is asiatic acid. In other embodiments, the isolated molecule is asiaticoside.

According to yet another aspect of the invention, methods for increasing apoptosis in a cell or population of cells are provided. The methods include contacting the cell or population of cells with an amount of a composition including an isolated molecule selected from the group consisting of asiatic acid and asiaticoside, effective to increase apoptosis. In certain embodiments, the isolated molecule is asiatic acid. In other embodiments, the isolated molecule is asiaticoside.

Also provided according to the invention are pharmaceutical preparations. The pharmaceutical preparations include an amount of an isolated molecule selected from the group consisting of asiatic acid and asiaticoside effective to treat cancer, and a pharmaceutically acceptable carrier. In certain embodiments, the isolated molecule is asiatic acid. In other embodiments, the isolated molecule is asiaticoside. In still other embodiments, the pharmaceutical preparations include an anticancer compound which is not asiatic acid or asiaticoside.

According to a further aspect of the invention, products are provided which include an anticancer effective amount of an isolated molecule selected from the group consisting of asiatic acid and asiaticoside in a unit dosage, and instructions for administration of the isolated molecule.

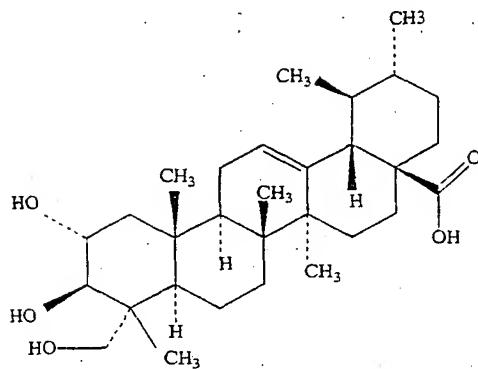
These and other aspects of the invention will be described in greater detail below.

#### Detailed Description of the Invention

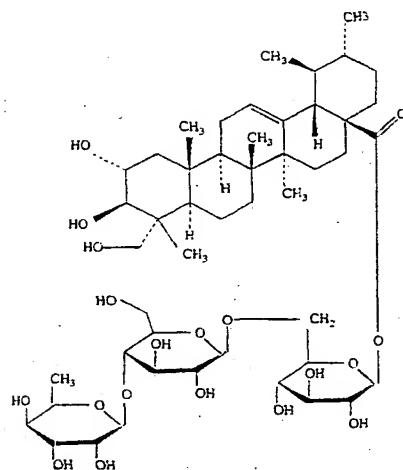
The compounds useful in the invention are asiatic acid and asiaticoside, which have the following structures:

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Asiatic acid:



Asiaticoside:



5

Asiatic acid and asiaticoside are used for treating subjects who have conditions involving proliferation, i.e., proliferative diseases. Proliferative diseases include, but are not limited to cancer, psoriasis, lipoma, adenomas from any organ tissue (i.e. colon polyps), and polycystic kidney disease. The proliferative conditions described above typically are not associated with skin conditions such as wounds, cellulite, systemic scleroderma, keloids and hypertrophic scars.

Cancer, as used herein, includes the following types of cancer, breast cancer, biliary tract cancer; bladder cancer; brain cancer including glioblastomas and medulloblastomas; cervical cancer; choriocarcinoma; colon cancer; endometrial cancer; esophageal cancer; 15 gastric cancer; hematological neoplasms including acute lymphocytic and myelogenous

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- leukemia; multiple myeloma; AIDS-associated leukemias and adult T-cell leukemia lymphoma; intraepithelial neoplasms including Bowen's disease and Paget's disease; liver cancer; lung cancer; lymphomas including Hodgkin's disease and lymphocytic lymphomas; neuroblastomas; oral cancer including squamous cell carcinoma; ovarian cancer including  
5 those arising from epithelial cells, stromal cells, germ cells and mesenchymal cells; pancreatic cancer; prostate cancer; rectal cancer; sarcomas including leiomyosarcoma, rhabdomyosarcoma, liposarcoma, fibrosarcoma, and osteosarcoma; skin cancer including melanoma, Kaposi's sarcoma, basocellular cancer, and squamous cell cancer; testicular cancer including germinal tumors such as seminoma, non-seminoma (teratomas,  
10 choriocarcinomas), stromal tumors, and germ cell tumors; thyroid cancer including thyroid adenocarcinoma and medullar carcinoma; and renal cancer including adenocarcinoma and Wilms tumor. Other cancers will be known to one of ordinary skill in the art and also can be treated using compositions including asiatic acid and/or asiaticoside in accordance with the invention.
- 15 Asiatic acid and asiaticoside also can be used to inhibit the proliferation of cells by the induction of apoptosis. Apoptosis refers to the process of programmed cell death. Apoptosis guides cell selection and regulation of cell population in the developing organism. In a mature organism, apoptosis additionally functions to rid the body of damaged or mutated cells. Cancerous cells which exhibit abnormal proliferation are thought to lack the ability to  
20 undergo appropriate apoptotic cell death. The process of apoptosis differs from simple necrosis which is a non-programmed form of cell death in response to injury. Apoptotic cell death is partially triggered by the activation of certain genes, such as transcription factors. A gene common to many human cancers, p53, is capable, in its unmutated form, of inducing apoptosis and halting cellular proliferation.
- 25 Apoptosis can be measured by standard assays well known to those of skill in the art. Such assays include analysis of DNA ladder formation, TDT-mediated dUTP-biotin nick end labeling (TUNEL), cell morphology, etc.
- Asiatic acid and asiaticoside are commercially available compounds, are derived from commercially available compounds or are synthesized *de novo* using routine chemical  
30 synthetic procedures known to those of ordinary skill in the art. Asiatic acid and asiaticoside may be obtained in their purified form from MMP, Inc. (3470 South Clinton Ave., South

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Plainfield, NJ 07080), suppliers of raw materials to both the health care and the cosmetic industries.

The invention also contemplates the use of asiatic acid and asiaticoside in experimental model systems to determine the role that cell proliferation plays in a variety of conditions. Cell proliferation can be induced experimentally, and then asiatic acid and asiaticoside as described above is administered to the animal or contacted with the cell culture being tested. The application may be local or may be systemic. The response of the animal or cell culture is monitored and compared to control animals or cell cultures that do not receive the asiatic acid and asiaticoside.

Several tests can be used to confirm the antiproliferative activity of asiatic acid or asiaticoside. For example, the tests of cytotoxicity described in the Examples may be used with additional tumor cell lines and tissue samples in cell culture. The assays include *in vitro* cell growth assays including assays of monolayer growth and growth in soft agar and *in vivo* assays of tumor growth.

The invention is particularly directed to a patient population never before treated with drugs useful according to the methods of the invention, including patients who are not suffering from a disorder such as wounds, cellulite, systemic scleroderma, keloids, and hypertrophic scars. In other words, the treatment preferably is directed to patient populations that otherwise are free of symptoms that call for treatment with any of the drugs useful according to the invention.

When administered, the formulations of the invention are applied in pharmaceutically acceptable amounts and in pharmaceutically acceptable compositions. Such preparations may routinely contain salts, buffering agents, preservative, compatible carriers, and optionally other therapeutic ingredients. Such pharmacologically and pharmaceutically acceptable salts include, but are not limited to, those prepared from the following acids: hydrochloric, hydrobromic, sulphuric, nitric, phosphoric, maleic, acetic, salicylic, p-toluene sulfonic, tartaric, citric, methane sulfonic, formic, malonic, succinic, naphthalene-2-sulfonic, and benzene sulfonic. Also, pharmaceutically acceptable salts can be prepared as alkaline metal or alkaline earth salts, such as sodium, potassium or calcium salts of the carboxylic acid group.

The compounds useful in the invention may be delivered in a mixture with other anti-proliferative agents (particularly anti-cancer agents) which are not asiatic acid or

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asiaticoside. One of ordinary skill in the art is familiar with a variety of anti-proliferative agents which are used in the medical arts to treat proliferative diseases such as cancer. Such agents include, but are not limited to, the following sub-classes of compounds:

- Antineoplastic agents such as: Acivicin; Aclarubicin; Acodazole Hydrochloride; Acronine;
- 5 Adozelesin; Adriamycin; Aldesleukin; Altretamine; Ambomycin; Ametantrone Acetate; Aminoglutethimide; Amsacrine; Anastrozole; Anthramycin; Asparaginase; Asperlin; Azacitidine; Azetepa; Azotomycin; Batimastat; Buniodepa; Bicalutamide; Bisantrene Hydrochloride; Bisnafide Dimesylate; Bizelesin; Bleomycin Sulfate; Brequinar Sodium; Bropirimine; Busulfan; Cactinomycin; Calusterone; Caracemide; Carbemper; Carboplatin;
- 10 Carmustine; Carubicin Hydrochloride; Carzelesin; Cedefingol; Chlorambucil; Cirolemycin; Cisplatin; Cladribine; Crisnatol Mesylate; Cyclophosphamide; Cytarabine; Dacarbazine; DACA (N-[2- (Dimethyl-amino)ethyl]acridine-4-carboxamide); Dactinomycin; Daunorubicin Hydrochloride; Daunomycin; Decitabine; Dexormaplatin; Dezaguanine; Dezaguanine Ifesylate; Diaziquone; Docetaxel; Doxorubicin; Doxorubicin Hydrochloride; Droloxifene;
- 15 Droloxifene Citrate; Dromostanolone Propionate; Duazomycin; Edatrexate; Eflornithine Hydrochloride; Elsamitrucin; Enloplatin; Enpromate; Epipropidine; Epirubicin Hydrochloride; Erbulozole; Esorubicin Hydrochloride; Estramustine; Estramustine Phosphate Sodium; Etanidazole; Ethiodized Oil I 131; Etoposide; Etoposide Phosphate; Etoprine; Fadrozole Hydrochloride; Fazarabine; Fenretinide; Flouxuridine; Fludarabine Phosphate;
- 20 Fluorouracil; 5-FdUMP; Flurocitabine; Fosquidone; Fostriecin Sodium; Gemcitabine; Gemcitabine Hydrochloride; Gold Au 198; Hydroxyurea; Idarubicin Hydrochloride; Ifosfamide; Ilmofosine; Interferon Alfa-2a; Interferon Alfa-2b; Interferon Alfa-n1; Interferon Alfa-n3; Interferon Beta-1a; Interferon Gamma-1b; Iproplatin; Irinotecan Hydrochloride; Lanreotide Acetate; Letrozole; Leuprolide Acetate; Liarozole Hydrochloride; Lometrexol
- 25 Sodium; Lomustine; Losoxantrone Hydrochloride; Masoprocol; Maytansine; Mechlorethamine Hydrochloride; Megestrol Acetate; Melengestrol Acetate; Melphalan; Menogaril; Mercaptopurine; Methotrexate; Methotrexate Sodium; Metoprine; Meturedopa; Mitindomide; Mitocarcin; Mitocromin; Mitogillin; Mitomalcin; Mitomycin; Mitosper; Mitotane; Mitoxantrone Hydrochloride; Mycophenolic Acid; Nocodazole; Nogalamycin;
- 30 Ormaplatin; Oxisuran; Paclitaxel Pegaspargase; Peliomycin; Pentamustine; Peplomycin Sulfate; Perfosfamide; Pipobroman; Piposulfan; Piroxantrone Hydrochloride; Plicamycin; Plomestane; Porfimer Sodium; Porfiromycin; Prednimustine; Procarbazine Hydrochloride;

Puromycin; Puromycin Hydrochloride; Pyrazofurin; Riboprime; Rogletimide; Safingol; Safingol Hydrochloride; Semustine; Simtrazene; Sparfosate Sodium; Sparsomycin; Spirogermanium Hydrochloride; Spiromustine; Spiroplatin; Streptonigrin; Streptozocin; Strontium Chloride Sr 89; Sulofenur; Talisomycin; Taxane; Taxoid; Tecogalan Sodium; Tegafur; Teloxantrone Hydrochloride; Temoporfin; Teniposide; Teroxirone; Testolactone; Thiamiprime; Thioguanine; Thiotepa; Thymitaq; Tiazofurin; Tirapazamine; Tomudex; TOP-53; Topotecan Hydrochloride; Toremifene Citrate; Trestolone Acetate; Triciribine Phosphate; Trimetrexate; Trimetrexate Glucuronate; Triptorelin; Tubulazole Hydrochloride; Uracil Mustard; Uredepa; Vapreotide; Verteporfin; Vinblastine; Vinblastine Sulfate; Vincristine; Vincristine Sulfate, Vindesine; Vindesine Sulfate; Vinepidine Sulfate; Vinglycinate Sulfate; Vinleurosine Sulfate; Vinorelbine Tartrate; Vinrosidine Sulfate; Vinzolidine Sulfate; Vorozole; Zeniplatin; Zinostatin; Zorubicin Hydrochloride; 2-Chlorodeoxyadenosine; 2'-Deoxyformycin; 9-aminocamptothecin; raltitrexed; N-propargyl-5, 8-dideazafolic acid, 2-chloro-2'-arabino-fluoro-2'-deoxyadenosine; 2-chloro-2'-deoxyadenosine; anisomycin; trichostatin A; hPRL-G129R; CEP-751; and linomide.

Other anti-neoplastic compounds include; 20-epi-1,25 dihydroxyvitamin D3; 5-ethynyluracil; abiraterone; aclarubicin; acylfulvene; adecylenol; adozelesin; aldesleukin; ALL-TK antagonists; altretamine; ambamustine; amidox; amifostine; aminolevulinic acid; amrubicin; amsacrine; anagrelide; anastrozole; andrographolide; angiogenesis inhibitors; antagonist D; antagonist G; antarelix; anti-dorsalizing morphogenetic protein-1; antiandrogen, prostatic carcinoma; antiestrogen; antineoplaston; antisense oligonucleotides; aphidicolin glycinate; apoptosis gene modulators; apoptosis regulators; apurinic acid; ara-CDP-DL-PTBA; arginine deiminase; asulacrine; atamestane; atrimustine; axinastatin 1; axinastatin 2; axinastatin 3; azasetron; azatoxin; azatyrosine; baccatin III derivatives; balanol; batimastat; BCR/ABL antagonists; benzochlorins; benzoylstaurosporine; beta lactam derivatives; beta-alethine; betaclamycin B; betulinic acid; bFGF inhibitor; bicalutamide; bisantrene; bisaziridinylspermine; bisnafide; bistratene A; bizelesin; breflate; bropirimine; budotitane; buthionine sulfoximine; calcipotriol; calphostin C; camptothecin derivatives (e.g., 10-hydroxy-camptothecin); canarypox IL-2; capecitabine; carboxamide-amino-triazole; carboxyamidotriazole; CaRest M3; CARN 700; cartilage derived inhibitor; carzelesin; casein kinase inhibitors (ICOS); castanospermine; cecropin B; cetrorelix; chlorins;

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chloroquinoxaline sulfonamide; cicaprost; cis-porphyrin; cladribine; clomifene analogues; clotrimazole; collismycin A; collismycin 13; combretastatin A4; combretastatin analogue; conagenin; crambescidin 816; crisnatol; cryptophycin 8; cryptophycin A derivatives; curacin A; cyclopentanthraquinones; cycloplatam; cypemycin; cytarabine ocfosfate; cytolytic factor; 5 cytostatin; dacliximab; decitabine; dehydrodidemnin 10 deslorelin; dexifosfamide; dextrazoxane; dexverapamil; diaziquone; didemnin B; didox; diethylnorspermine; dihydro-5-azacytidine; dihydrotaxol, 9-; dioxamycin; diphenyl spiomustine; discodermolide; docosanol; dolasetron; doxifluridine; droloxifene; dronabinol; duocarmycin SA; ebselen; ecomustine; edelfosine; edrecolomab; eflornithine; elemene; emitefur; epirubicin; epithilones 10 (A, R = H; B, R = Me); epithilones; epristeride; estramustine analogue; estrogen agonists; estrogen antagonists; etanidazole; etoposide; etoposide 4'-phosphate (etopofos); exemestane; fadrozole; fazarabine; fenretinide; filgrastim; finasteride; flavopiridol; flezelastine; fluasterone; fludarabine; fluorodaunorubicin hydrochloride; forfenimex; formestane; fostriecin; fotemustine; gadolinium texaphyrin; gallium nitrate; galocitabine; ganirelix; 15 gelatinase inhibitors; gemcitabine; glutathione inhibitors; hepsulfam; herègulin; hexamethylene bisacetamide; hypericin; ibandronic acid; idarubicin; idoxifene; idramantone; ilmofosine; ilomastat; imidazoacridones; imiquimod; immunostimulant peptides; insulin-like growth factor-1 receptor inhibitor; interferon agonists; interferons; interleukins; iobenguane; iododoxorubicin; ipomeanol, 4-; irinotecan; iroplact; irsogladine; isobengazole; 20 isohomohalicondrin B; itasetron; jasplakinolide; kahalalide F; lamellarin-N triacetate; lanreotide; leinamycin; lenograstim; lentinan sulfate; leptolstatin; letrozole; leukemia inhibiting factor; leukocyte alpha interferon; leuprorelin + estrogen + progesterone; leuprorelin; levamisole; liarozole; linear polyamine analogue; lipophilic disaccharide peptide; lipophilic platinum compounds; lissoclinamide 7; lobaplatin; lombricine; lometrexol; 25 lonidamine; losoxantrone; lovastatin; loxoribine; lurtotecan; lutetium texaphyrin; lysofylline; lytic peptides; maitansine; mannostatin A; marimastat; masoprocol; maspin; matrilysin inhibitors; matrix metalloproteinase inhibitors; menogaril; merbarone; meterelin; methioninase; metoclopramide; MIF inhibitor; mifepristone; miltefosine; mirimostim; mismatched double stranded RNA; mithracin; mitoguazone; mitolactol; mitomycin; 30 analogues; mitonafide; mitotoxin fibroblast growth factor-saporin; mitoxantrone; mofarotene; molgramostim; monoclonal antibody, human chorionic gonadotrophin; monophosphoryl lipid A + myobacterium cell wall sk; molidamol; multiple drug resistance gene inhibitor, multiple

tumor suppressor 1-based therapy; mustard anticancer agent; mycaperoxide B; mycobacterial cell wall extract; myriaporone; N-acetyl dinaline; N-substituted benzamides; nafarelin; nagrestip; naloxone + pentazocine; napavin; naphterpin; nartograstim; nedaplatin; nemorubicin; neridronic acid; neutral endopeptidase; nilutamide; nisamycin; nitric oxide modulators; nitroxide antioxidant; nitrullyn; O6-benzylguanine; octreotide; okicenone; oligonucleotides; onapristone; ondansetron; oracin; oral cytokine inducer; ormaplatin; osaterone; oxaliplatin; oxaunomycin; paclitaxel analogues; paclitaxel derivatives; palauamine; palmitoylrhizoxin; pamidronic acid; panaxytriol; panomifene; parabactin; pazelliptine; pegaspargase; peldesine; pentosan polysulfate sodium; pentostatin; pentrozole; perflubron; perfosfamide; perillyl alcohol; phenazinomycin; phenylacetate; phosphatase inhibitors; picibanil; pilocarpine hydrochloride; pirarubicin; piritrexim; placetin A; placetin B; plasminogen activator inhibitor; platinum complex; platinum compounds; platinum-triamine complex; podophyllotoxin; porfimer sodium; porfiromycin; propyl bis-acridone; prostaglandin J2; proteasome inhibitors; protein A-based immune modulator; protein kinase C inhibitor; protein kinase C inhibitors, microalgal; protein tyrosine phosphatase inhibitors; purine nucleoside phosphorylase inhibitors; purpurins; pyrazoloacridine; pyridoxylated hemoglobin polyoxyethylene conjugate; raf antagonists; raltitrexed; ramosetron; ras farnesyl protein transferase inhibitors; ras inhibitors; ras-GAP inhibitor; retelliptine demethylated; rhenium Re 186 etidronate; rhizoxin; ribozymes; RII 20 retinamide; rogletimide; rohitukine; romurtide; roquinimex; rubiginone B1; ruboxyl; safingol; saintopin; SarCNU; sarcophytol A; Sargramostim; Sdi 1 mimetics; semustine; senescence derived inhibitor 1; sense oligonucleotides; signal transduction inhibitors; signal transduction modulators; single chain antigen binding protein; sizofiran; sobuzoxane; sodium borocaptate; sodium phenylacetate; solverol; somatomedin binding protein; sonermin; sparfosic acid; spicamycin D; spiromustine; splenopentin; spongistatin 1; squalamine; stem cell inhibitor; stem-cell division inhibitors; stipiamide; stromelysin inhibitors; sulfinosine; superactive vasoactive intestinal peptide antagonist; suradista; suramin; swainsonine; synthetic glycosaminoglycans; tallimustine; tamoxifen methiodide; tauromustine; tazarotene; tecogalan sodium; tegafur; tellurapyrylium; telomerase inhibitors; temoporfin; temozolomide; teniposide; tetrachlorodecaoxide; tetrazomine; thaliblastine; thalidomide; thiocoraline; thrombopoietin; thrombopoietin mimetic; thymalfasin; thymopoietin receptor agonist; thymotrinan; thyroid stimulating hormone; tin ethyl etiopurpurin; tirapazamine; titanocene

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dichloride; topotecan; topsentin; toremifene; totipotent stem cell factor; translation inhibitors; tretinoin; triacetyluridine; triciribine; trimetrexate; triptorelin; tropisetron; turosteride; tyrosine kinase inhibitors; tyrophostins; UBC inhibitors; ubenimex urogenital sinus-derived growth inhibitory factor; urokinase receptor antagonists; vapreotide; variolin B; vector system, erythrocyte gene therapy; velaresol; veramine; verdins; verteporfin; vinorelbine; vinxaltine; vitaxin; vorozole; zanoterone; zeniplatin; zilascorb; zinostatin stimalamer.

Anti-cancer Supplementary Potentiating Agents: Tricyclic anti-depressant drugs (e.g., imipramine, desipramine, amitryptyline, clomipramine, trimipramine, doxepin, nortriptyline, protriptyline, amoxapine and maprotiline); non-tricyclic anti-depressant drugs (e.g., sertraline, 10 trazodone and citalopram);  $\text{Ca}^{2+}$  antagonists (e.g., verapamil, nifedipine, nitrendipine and caroverine); Calmodulin inhibitor (e.g. prenylamine, trifluoroperazine and clomipramine); Amphotericin B; Triparanol analogues (e.g. tamoxifen); antiarrhythmic drugs (e.g., quinidine); antihypertensive drugs (e.g. reserpine); Thiol depleters (e.g., bathionine and sulfoximine) and Multiple Drug Resistance reducing agents such as Cremaphor EL. The 15 compounds of the invention also can be administered with cytokines such as granulocyte colony stimulating factor.

Antiproliferative agent : Piritrexim Isethionate. Antiprostatic hypertrophy agent: Sitogluside. Benign prostatic hyperplasia therapy agent: Tamsulosin Hydrochloride. Prostate growth inhibitor : Pentomone.

20 Radioactive agents : Fibrinogen I 125; Fludeoxyglucose F18; Fluorodopa F 18; Insulin I 125; Insulin I 131; Iobenguane I 123; Iodipamide Sodium I 131; Iodoantipyrine I 131; Iodocholesterol I 131; Iodohippurate Sodium I 123; Iodohippurate Sodium I 125; Iodohippurate Sodium I 131; Iodopyracet I 125; Iodopyracet I 131; Iofetamine Hydrochloride I 123; Iomethin I 125; Iomethin I 131; Iothalamate Sodium I 125; Iothalamate Sodium I 131; 25 Iotyrosine I 131; Liothyronine I 125; Liothyronine I 131; Merisoprol Acetate Hg 197; Merisoprol Acetate- Hg 203; Merisoprol Hg 197; Selenomethionine Se 75; Technetium Tc 99m Atimony Trisulfide Colloid; Technetium Tc 99m Bicisate; Technetium Tc 99m Disofenin; Technetium Tc 99m Etidronate; Technetium Tc 99m Examatizime; Technetium Tc 99m Furifosmin; Technetium Tc 99m Gluceptate; Technetium 99m Lidofenin; 30 Technetium Tc 99mm Mebrofenin; Technetium Tc 99m Medronate; Technetium Tc 99m Medronate Disodium; Technetium Tc 99m Mertiatiide; Technetium Tc 99m Oxidronate; Technetium Tc 99m Pentetate; Technetium Ic 99m Pentetate Calcium Trisodium; Technetium

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Tc 99m Sestamibi; Technetium Tc 99m Siboroxime; Technetium Tc 99m Succimer; Technetium Tc 99m Sulfur Colloid; Technetium Tc 99m Teboroxime; Technetium Tc 99m Tetrofosmin; Technetium Tc 99m Tiatide; Thyroxine I 125; Thyroxine I 131; Tolpovidone I 131; Triolein I 125; Triolein I 131.

5 The invention also embraces novel compositions of matter that are covalent conjugates for cell targeting agents and asiatic acid or asiaticoside. For example, dehydroascorbic acid (DHA) and other naturally occurring, unbranched fatty acids may be conjugated to asiatic acid or asiaticoside and used according to the methods known in the art to target cancer cells. For example, the methods disclosed in PCT application  
10 PCT/US00/06160 may be used to conjugate fatty acids to asiatic acid or asiaticoside. Those of ordinary skill in the art will recognize also numerous other agents for targeting asiatic acid or asiaticoside to particular cells or tissues and that are useful according to the invention.

15 Asiatic acid and/or asiaticoside are administered in effective amounts. An effective amount is a dosage of the asiatic acid or asiaticoside sufficient to provide a medically desirable result. The effective amount will vary with the particular condition being treated, the age and physical condition of the subject being treated, the severity of the condition, the duration of the treatment, the nature of the concurrent therapy (if any), the specific route of administration and like factors within the knowledge and expertise of the health practitioner.  
20 For example, an effective amount for treating cancer would be an amount sufficient to lessen or inhibit altogether cancer cell proliferation so as to slow or halt the development of or the progression of a tumor. Preferably, the effective amount is sufficient to decrease the size of a tumor. Thus, it will be understood that asiatic acid or asiaticoside can be used to treat proliferative diseases such as cancer prophylactically in subjects at risk of developing proliferative disease. It is preferred generally that a maximum dose is used; that is, the  
25 highest safe dose according to sound medical judgement.

Generally, doses of active compounds will be from about 0.01 µg/kg per day to 1000 mg/kg per day. It is expected that doses range of 50-500 µg/kg will be suitable, preferably orally and in one or several administrations per day. Taxol, a leading chemotherapeutic, is administered at the following dosages: for ovarian cancer at 135-175 mg/m<sup>2</sup> per day every  
30 three weeks, and for breast cancer at 175-250 mg/m<sup>2</sup> per day every three weeks. Doses of asiatic acid or asiaticoside similar to doses of taxol or other chemotherapeutic compounds are contemplated. One of ordinary skill in the art can determine optimal doses using only routine

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experimentation. Lower doses will result from other forms of administration, such as intravenous administration. In the event that a response in a subject is insufficient at the initial doses applied, higher doses (or effectively higher doses by a different, more localized delivery route) may be employed to the extent that patient tolerance permits. Multiple doses per day are contemplated to achieve appropriate systemic levels of compounds.

When administered, the pharmaceutical preparations of the invention are applied in pharmaceutically-acceptable amounts and in pharmaceutically-acceptably compositions. Such preparations may routinely contain salt, buffering agents, preservatives, compatible carriers, and optionally other therapeutic agents. When used in medicine, the salts should be pharmaceutically acceptable, but non-pharmaceutically acceptable salts may conveniently be used to prepare pharmaceutically-acceptable salts thereof and are not excluded from the scope of the invention. Such pharmacologically and pharmaceutically-acceptable salts include, but are not limited to, those prepared from the following acids; hydrochloric, hydrobromic, sulfuric, nitric, phosphoric, maleic, acetic, salicylic, citric, formic, malonic, succinic, and the like. Also, pharmaceutically-acceptable salts can be prepared as alkaline metal or alkaline earth salts, such as sodium, potassium or calcium salts.

Asiatic acid or asiaticoside may be combined, optionally, with a pharmaceutically-acceptable carrier. The term "pharmaceutically-acceptable carrier" as used herein means one or more compatible solid or liquid filler, diluents or encapsulating substances which are suitable for administration into a human or other animal. The term "carrier" denotes an organic or inorganic ingredient, natural or synthetic, with which the active ingredient is combined to facilitate the application. The components of the pharmaceutical compositions also are capable of being co-mingled with the molecules of the present invention, and with each other, in a manner such that there is no interaction which would substantially, impair the desired pharmaceutical efficacy.

The pharmaceutical compositions may contain suitable buffering agents, including: acetic acid in a salt; citric acid in a salt; boric acid in a salt; and phosphoric acid in a salt.

The pharmaceutical compositions also may contain, optionally, suitable preservatives, such as: benzalkonium chloride; chlorobutanol; parabens and thimerosal.

Compositions suitable for parenteral administration conveniently comprise a sterile aqueous preparation of asiatic acid or asiaticoside, which is preferably isotonic with the blood of the recipient. This aqueous preparation may be formulated according to known methods

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using suitable dispersing or wetting agents and suspending agents. The sterile injectable preparation also may be a sterile injectable solution or suspension in a non-toxic parenterally-acceptable diluent or solvent, for example, as a solution in 1, 3-butane diol. Among the acceptable vehicles and solvents that may be employed are water, Ringer's 5 solution, and isotonic sodium chloride solution. In addition, sterile, fixed oils are conventionally employed as a solvent or suspending medium. For this purpose any bland fixed oil may be employed including synthetic mono- or di-glycerides. In addition, fatty acids such as oleic acid may be used in the preparation of injectables. Carrier formulation suitable for oral, subcutaneous, intravenous, intramuscular, etc. and their administrations can be found 10 in Remington's Pharmaceutical Sciences, Mack Publishing Co., Easton, PA.

A variety of administration routes are available. The particular mode selected will depend of course, upon the particular drug selected, the severity of the condition being treated and the dosage required for therapeutic efficacy. The methods of the invention, generally speaking, may be practiced using any mode of administration that is medically acceptable, 15 meaning any mode that produces effective levels of the active compounds without causing clinically unacceptable adverse effects. Such modes of administration include oral, rectal, topical, nasal, interdermal, or parenteral routes. The term "parenteral" includes subcutaneous, intravenous, intramuscular, intumoral or infusion. Oral administration will be preferred for prophylactic treatment because of the convenience to the patient as well as the dosing 20 schedule.

The pharmaceutical compositions may conveniently be presented in unit dosage form and may be prepared by any of the methods well-known in the art of pharmacy. All methods include the step of bringing asiatic acid or asiaticoside into association with a carrier which constitutes one or more accessory ingredients. In general, the compositions are prepared by 25 uniformly and intimately bringing asiatic acid or asiaticoside into association with a liquid carrier, a finely divided solid carrier, or both, and then, if necessary, shaping the product.

Compositions suitable for oral administration may be presented as discrete units, such as capsules, tablets, lozenges, each containing a predetermined amount of asiatic acid or asiaticoside. Other compositions include suspensions in aqueous liquids or non-aqueous 30 liquids such as a syrup, elixir or an emulsion other delivery systems can include time-release, delayed release or sustained release delivery systems. Such systems can avoid repeated administrations of asiatic acid or asiaticoside, increasing convenience to the subject and the

physician. Many types of release delivery systems are available and known to those of ordinary skill in the art. They, include polymer base systems such as poly(lactide-glycolide), copolyoxalates, polycaprolactones, polyesteramides, polyorthoesters, polyhydroxybutyric acid, and polyanhydrides. Microcapsules of the foregoing polymers containing drugs are 5 described in, for example, U.S. Patent 5,075,109. Delivery systems also include non-polymer systems that are: lipids including sterols such as cholesterol, cholesterol esters and fatty acids or neutral fats such as mono di- and tri-glycerides; hydrogel release systems; silastic system; peptide based systems; wax coatings; compressed tablets using conventional binders and excipients; partially fused implants; and the like. Specific examples include, but are not 10 limited to: (a) erosional systems in which asiatic acid or asiaticoside is contained in a form within a matrix such as those described in U.S. Patent Nos. 4,452,775, 4,667,014, 4,748,034 and 5,239,660 and (b) diffusional systems in which an active component permeates at a controlled rate from a polymer such as described in U.S. Patent Nos. 3,832,253, and 3,854,480. In addition, pump-based hardware delivery systems can be used, some of which 15 are adapted for implantation.

Use of a long-term sustained release implant may be particularly suitable for treatment of chronic conditions. Long-term release, are used herein, means that the implant is constructed and arranged to delivery therapeutic levels of the active ingredient for at least 30 days, and preferably 60 days. Long-term sustained release implants are well-known to those 20 of ordinary skill in the art and include some of the release systems described above.

### Examples

#### Example 1: Cytotoxicity of Asiatic Acid

Pure asiatic acid was shown to exhibit cytotoxic effect on human foreskin fibroblast 25 cells in culture. Further study has shown that this cytotoxic effect of asiatic acid on foreskin fibroblast cells is dose-dependent. The cytotoxic effects must necessarily result from the application of pure asiatic acid as the purity of the compound was examined by HPLC analysis and no apparent impurities were evident.

The following data quantify the percentage of asiatic acid cytotoxicity as compared 30 with taxol. Taxol is a commercially available chemotherapeutic predominantly used in the treatment of breast cancer, lung cancer and ovarian cancer. The experiments were performed on human foreskin fibroblast cells as well as established tumor cell lines. The percentage

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cytotoxicity was measured by the MTT dye reduction test, which requires the NADPH dehydrogenase enzyme of the mitochondria in live cells (1).

A) New Born Foreskin Fibroblast cells

Conc. (μg/ml)	Asiatic Acid (% cytotox)	Taxol (% cytotox)
25	84	55
12.5	80	50
6.25	30	40
0.8	30	40
0	0	0

5

B) Squamous carcinoma cells of SCC15

Conc. (μg/ml)	Asiatic Acid (% cytotox)	Taxol (% cytotox)
25	90	23
20	86	8
10	88	0
5	20	0
2.5	16	3

C) Squamous carcinoma cells of SCC4

Conc. (μg/ml)	Asiatic Acid (% cytotox)	Taxol (% cytotox)
50	75	40
40	70	60
20	80	60
10	75	60
5	75	52
0	0	0

10 D) SV40-transformed normal epithelial cell line, OKF6

Conc. (μg/ml)	Asiatic Acid (% cytotox)	Taxol (% cytotox)
25	92	75
20	92	48
10	88	54
5	23	41
2.5	5	26

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## E) SK-BR3 breast cancer cell line

Conc. ( $\mu$ g/ml)	Asiatic Acid (% cytotox)	Taxol (% cytotox)
25	80	50
12.5	23	40
6.2	0	50
0.8	0	40

These preliminary data indicate that asiatic acid exerts more potent cytotoxicity to the squamous carcinoma cells of the oral cavity as seen in SCC4 and SCC15 cell lines than the 5 solid tumor cell line of SK-BR3.

HeLa cells were treated with asiatic acid at cytotoxic concentrations and apoptosis of the cells was measured by DAPI staining of the nuclei (2). These results indicate that asiatic acid exerts its cytotoxic effects in HeLa cells by inducing apoptotic cell death.

## 10 References:

- (1) Effects of the pH dependence of 3-(4,5 dimethyl-thiazole-2-yl)-2,5-diphenyl-etrazolium bromide-formazan absorption on chemosensitivity determined by in novel tetrazolium-based assay. Jane A. Plumb, R. Milroy and S.B. Kaye in *Cancer Res.* 49:4435-40, 1989.
- 15 (2) Photofootprinting of drug-binding sites on DNA using diazo- and azido-9-aminoacridine derivatives. Claus Jeppesen and Peter E. Nielsen, *Eur J. Biochem.* 182:437-444, 1989.

It should be understood that the preceding is merely a detailed description of certain 20 preferred embodiments. It therefore should be apparent to those skilled in the art that various modifications and equivalents can be made is without departing from the spirit and scope of the invention. It is intended to encompass all such modifications within the scope of the appended claims.

All references, patents and patent publications that are recited in this application are 25 incorporated in their entirety herein by reference.

We claim:

CLAIMS

1. Use of a composition for the treatment of cancer comprising administering to a subject in need of such treatment an amount of a composition comprising an isolated molecule selected from the group consisting of asiatic acid and asiaticoside.
2. The use of claim 1, wherein the isolated molecule is asiatic acid.
3. The use of claim 1, wherein the isolated molecule is asiaticoside.
4. The use of claim 1, wherein treatment inhibits further growth of cancer.
5. The use of claim 1, wherein treatment results in regression of cancer.
- 15 6. The use of claim 1, wherein the cancer is a cancer of epithelial cell origin.
7. The use of claim 1, wherein subject is otherwise free of symptoms treatable by asiatic acid or asiaticoside.
- 20 8. The use of claim 1, further comprising administering to the subject a non-asiatic acid, non-asiaticoside anticancer compound.
9. Use of a composition for inhibiting cell proliferation comprising contacting a cell with an amount of a composition comprising an isolated molecule selected from the group consisting of asiatic acid and asiaticoside, effective to inhibit the proliferation of the cell.
- 25 10. The use of claim 9, wherein the molecule is asiatic acid.
11. The use of claim 9, wherein the molecule is asiaticoside.
- 30 12. A method for increasing apoptosis in a cell or population of cells comprising contacting the cell or population of cells with an amount of a composition comprising an

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isolated molecule selected from the group consisting of asiatic acid and asiaticoside, effective to increase apoptosis.

13. The method of claim 12, wherein the molecule is asiatic acid.

5

14. The method of claim 12, wherein the molecule is asiaticoside.

15. A pharmaceutical preparation comprising an amount of an isolated molecule selected from the group consisting of asiatic acid and asiaticoside effective to treat cancer, and a pharmaceutical acceptable carrier.

16. The pharmaceutical preparation of claim 15, wherein the isolated molecule is asiatic acid.

15 17. The pharmaceutical preparation of claim 15, wherein the isolated molecule is asiaticoside.

18. The pharmaceutical preparation of claim 15, further comprising a non-asiatic acid, non-asiaticoside anticancer compound.

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19. A product comprising an anticancer effective amount of an isolated molecule selected from the group consisting of asiatic acid and asiaticoside in a unit dosage, and instructions for administration of the isolated molecule.

## INTERNATIONAL SEARCH REPORT

Intel Application No  
PCT/US 01/40103

A. CLASSIFICATION OF SUBJECT MATTER  
IPC 7 A61K31/19 A61K31/704 A61K45/06 A61P35/00

According to International Patent Classification (IPC) or to both national classification and IPC

## B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)  
IPC 7 A61K

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

CHEM ABS Data, WPI Data, BIOSIS, EMBASE, EPO-Internal, PAJ, SCISEARCH, CANCERLIT, MEDLINE, NAPRALERT

## C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	<p>VOGEL H G ET AL: "EFFECT OF TERPENOIDS ISOLATED FROM CENTELLA-ASIATICA ON GRANULOMA TISSUE" ACTA THERAPEUTICA, vol. 16, no. 4, 1990, pages 285-298, XP001030891 ISSN: 0378-0619 abstract page 286, paragraph 4 -page 288, paragraph 1 tables I,II figures 1,3</p> <p style="text-align: center;">-/-</p>	1-5, 15-17,19

Further documents are listed in the continuation of box C.

Patent family members are listed in annex.

## \* Special categories of cited documents:

- \*A\* document defining the general state of the art which is not considered to be of particular relevance
- \*E\* earlier document but published on or after the international filing date
- \*L\* document which may throw doubt on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)
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- \*X\* document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
- \*Y\* document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art.
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Date of the actual completion of the international search:

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## INTERNATIONAL SEARCH REPORT

Inte  
al Application No  
PCT/US 01/40103

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT		
Category	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	BADER, G. ET AL: "Cytotoxicity of triterpenoid saponins. Part 1. Activities against tumor cells in vitro and hemolytic index" PHARMAZIE (1996), 51(6), 414-417 , XP001024624 abstract page 416, column 1, paragraph 2 table 2 page 416, column 2, paragraph 3 ---	1,3
X	PLOHMAN B ET AL: "Immunomodulatory effects of triterpenoid saponins." EUROPEAN JOURNAL OF PHARMACEUTICAL SCIENCES, vol. 2, no. 1-2, 1994, page 120 XP001030425 Second European Congress of Pharmaceutical Sciences; Berlin, Germany; September 29-October 1, 1994 ISSN: 0928-0987 the whole document ---	1,3
X	BONNETT G.F.: "Treatment of localized cellulitis with asiaticoside Madecassol !. TRAITEMENT DES CELLULITES LOCALISEES PAR LE MADECASSOL." PROGRES MEDICAL, (1974) 102/3 (109-110). CODEN: PRMIAU, XP001030401 page 110, column 1, paragraphs 1,6,7 ---	9,11
X	DATABASE CA 'Online!' CHEMICAL ABSTRACTS SERVICE, COLUMBUS, OHIO, US; QI, SHAOHAI ET AL: "Effects of asiaticoside on hypertrophic scars in a nude mice model" retrieved from STN Database accession no. 133:344288 XP002180967 abstract & ZHONGHUA SHAOSHANG ZAZHI (2000), 16(1), 53-56 , ---	9,11
X	PATENT ABSTRACTS OF JAPAN vol. 1996, no. 09, 30 September 1996 (1996-09-30) & JP 08 133952 A (SHISEIDO CO LTD), 28 May 1996 (1996-05-28) abstract ---	9,11
		-/-

## INTERNATIONAL SEARCH REPORT

Inte	nal Application No
PCT/US 01/40103	

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT		
Category	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	EP 0 383 171 A (HOECHST AG) 22 August 1990 (1990-08-22) page 3, line 1 - line 39 page 5, line 56 -page 6, line 43 page 7, line 48 - line 50 page 9, line 26 - line 42 examples 1,3 claims 5,6	15-17,19
A	page 3, line 1 - line 39 page 5, line 56 -page 6, line 43 page 7, line 48 - line 50 page 9, line 26 - line 42 examples 1,3 claims 5,6	18
X	GB 923 414 A (LAROCHE NAVARRON LAB) 10 April 1963 (1963-04-10) page 1, line 9 -page 2, line 37 page 6, line 33 - line 52 claims	15,16,19
X	RUSH W.R. ET AL: "The comparative steady-state bioavailability of the active ingredients of Madecassol." EUROPEAN JOURNAL OF DRUG METABOLISM AND PHARMACOKINETICS, (1993) 18/4 (323-326). , XP001029982 cited in the application abstract page 323, column 1; paragraph 1 -column 2, paragraph 1 figure 1 page 324, column 2, paragraph 2 - paragraph 3	15-17,19
X	DERAMOUDT B. ET AL: "'The cellulodystrophic syndrome!, LE SYNDROME CELLULODYSTROPHIQUE." ANNALES DE READAPTATION ET DE MEDECINE PHYSIQUE, (1987) 30/4 (433-438). , XP001030400 abstract page 435, paragraph 5 - paragraph 9	15,17,18
A	PISHA E ET AL: "DISCOVERY OF BETULINIC ACID AS A SELECTIVE INHIBITOR OF HUMAN MELANOMA THAT FUNCTIONS BY INDUCTION OF APOPTOSIS" NATURE MEDICINE, NATURE PUBLISHING, CO, US, vol. 1, no. 10, 1 October 1995 (1995-10-01), pages 1046-1051, XP000611705 ISSN: 1078-8956 abstract page 1046, column 2, paragraph 2 figure 1 page 1048, column 2, paragraph 2 -page 1049, column 2, paragraph 1	1-7, 12-14

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## INTERNATIONAL SEARCH REPORT

Inte  
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C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT		
Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	BABU T D ET AL: "Cytotoxic and anti-tumour properties of certain taxa of Umbelliferae with special reference to Centella asiatica (L.) Urban." JOURNAL OF ETHNOPHARMACOLOGY, vol. 48, no. 1, 1995, pages 53-57, XP001030036 ISSN: 0378-8741 cited in the application abstract page 54, column 1, paragraph 4 -column 2, paragraph 1 page 55, column 1, paragraph 3 -page 56, column 2, paragraph 1 page 57, column 1, paragraph 1 - paragraph 3 ---	1-7
P,X	SKALETZ-ROROWSKI A ET AL: "Asiatic acid and asiaticoside of Centella asiatica inhibit the proliferation of coronary smooth muscle cells." PHYTOMEDICINE (JENA), vol. 7, no. Supplement 2, 2000, page 114 XP001032453 3rd International Congress on Phytomedicine; Munich, Germany; October 11-13, 2000 ISSN: 0944-7113 the whole document ---	9-11
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## FURTHER INFORMATION CONTINUED FROM PCT/ISA/ 210

Continuation of Box I.2

Claims Nos.: 7

Present claims 8, 18 relate to a very large number of possible compounds, namely "a non-asiatic acid, non-asiaticoside anticancer compound". Support within the meaning of Article 6 PCT and/or disclosure within the meaning of Article 5 PCT is to be found, however, for only a very small proportion of the compounds claimed. In the present case, the claims so lack support, and the application so lacks disclosure, that a meaningful search over the whole of the claimed scope is impossible. Moreover, present claims 9-11 relate to a therapeutic application which actually is not well-defined. The use of the definition "inhibiting cell proliferation" in the present context is considered to lead to a lack of clarity within the meaning of Article 6 PCT. The lack of clarity is such as to render a meaningful complete search impossible. Consequently, the search has been carried out for those parts of the claims which appear to be supported and disclosed, namely those parts relating to cancer, the proliferative diseases specified in the description (p. 5, lines 7-9) and apoptosis. In view of the lack of experimental support for claims 8 and 18, the subject matter of these claims has only been searched in terms of the general inventive concept. The definition of the "subject" in claim 7 is not stated in positive or explicit terms, and thus has been neglected in the search.

The applicant's attention is drawn to the fact that claims, or parts of claims, relating to inventions in respect of which no international search report has been established need not be the subject of an international preliminary examination (Rule 66.1(e) PCT). The applicant is advised that the EPO policy when acting as an International Preliminary Examining Authority is normally not to carry out a preliminary examination on matter which has not been searched. This is the case irrespective of whether or not the claims are amended following receipt of the search report or during any Chapter II procedure.

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